EXPRESS MAIL NO. EV529824149US Effective on 12/08/2004. Complete if Known es pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). 10/047,457 Application Number TRANSMITTAL Filing Date January 14, 2002 Marck R. Robinson First Named Inventor for FY 2005 **Examiner Name** Chuck O. Kendall Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2122 760131.401 TOTAL AMOUNT OF PAYMENT Attorney Docket No. METHOD OF PAYMENT (check all that apply) ☐ Other (please identify): X Check | Credit Card Money Order Deposit Account Deposit Account Number: 19-1090 Deposit Account Name: Seed IP Law Group PLLC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayments Charge any underpayments or credit any overpayments of fee(s) under 37 CFR 1.16 and 1.17 Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FILING FEES** SEARCH FEES **FFFS Small Small Entity Small Entity Entity Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Utility 300 150 500 250 200 100 130 Design 200 100 100 50 65 0 0 0 Provisional 200 100 2. EXCESS CLAIM FEES **Small Entity Fee Description** Fee (\$) Fee (\$) 50 25 Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Multiple Dependent Claims Total Claims** Extra Claims Fee (\$) Fee Paid (\$) 0 Х 25 0 Fee Paid (\$) 20 Fee (\$) HP = highest number of total claims paid for, if greater than 20 Fee Paid (\$) Indep. Claims **Extra Claims** Fee (\$) -3 or HP = 1 X <u>100</u> 100 HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)) the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets Extra Sheets** Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) -100 =/50 =(round up to a whole number) 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 3 mo. Petition for Extension of Time 510

SUBMITTED BY								
Signature	Ellen Buren Registration No. (Attorney/Agent)	38,079	Telephone	206-622-4900				
Name (Print/Type)	Ellen M. Bierman		Date	May 10, 2005				



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PTO/SB/22 (10-04)
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Under the	perwork Reduction Act of 1995, no persons are required to res	pond to a collection	of information unle	ss it display	ys a valid OMB control number.				
PETITION	ON FOR EXTENSION OF TIME UNDER	Docket 760131	Number 1.401						
(Food	FY 2005 pursuant to the Consolidated Appropriations								
	on Number 10/047,457	Filed	January 14, 2002						
For ME	THOD AND SYSTEM FOR CREATING REUM INTERFACE	SABLE SOFT	WARE CON	/PONE	NTS THROUGH A				
Art Unit 2122					Examiner Chuck O. Kendall				
	s a request under the provisions of 37 CFR 1	.136(a) to ext	end the peri						
reply in the above identified application.									
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):									
Fee Smal				Entity Fee					
	One month (37 CFR 1.17(a)(1))	\$120	\$	60	\$				
	Two months (37 CFR 1.17(a)(2))	\$450	\$2	25	\$				
×	Three months (37 CFR 1.17(a)(3))	\$1020	\$5	510	\$ <u>510</u>				
	Four months (37 CFR 1.17(a)(4))	\$1590	\$7	95	\$				
	Five months (37 CFR 1.17(a)(5))	\$2160	\$1	080	\$				
Applicant claims small entity status. See 37 CFR 1.27.									
A check in the amount of the fee is enclosed.									
[] Pa	Payment by credit card. Form PTO-2038 is attached.								
The Director has already been authorized to charge fees in this									
_	application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required								
or credit any overpayment, to Deposit Account Number <u>19-1090</u> . I have enclosed a									
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
i am ti	he ∏ applicant/inventor.								
	assignee of record of the entire interest	. See 37 CFR	3.71						
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).									
🔀 attorney or agent of record. Registration No. 38,079									
attomey or agent under 37 CFR 1.34.									
Registration number if acting under 37 CFR 1.34									
(2005								
Clen Mybleman Signature			Date						
Ellen M. Bierman			2	206-622-4900					
Typed or printed name				one Nu					

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.